



Cause No. _____

The State of Texas for the § In the _____ Court
Best Interest and Protection of §
_____ §
_____ County, Texas
§
§

(Fill in the blanks above. Copy the information listed at the top of the Order for Inpatient Mental Health Services.)

Application for Order to Administer Psychoactive Medication
(Patient without Criminal Justice Involvement)
(Sec. 574.104, Texas Health and Safety Code)

- 1. My name is _____
2. (Check one.)
I am a M.D.
I am a D.O.
3. I am filing this Application under Section 574.104 of the Texas Health and Safety Code to ask for an order authorizing the administration of psychoactive medication(s) listed in Exhibit A to _____ ("Patient"), regardless of Patient's refusal.
(List Patient's name.)
4. (Check one.)
The Court issued an Order for Inpatient Mental Health Services on _____ (date) that ordered the Patient to participate in involuntary inpatient mental health services.
An Application for Court-Ordered Mental Health Services has been filed and is still pending. I ask that this Application be heard on the same date as the Application for Court-Ordered Mental Health Services.
5. The current Order for Inpatient Mental Health Services or Application for Court-Appointed Mental Health Services provides for or requests:
(Check one.)
temporary inpatient services under Section 574.034 of the Texas Health and Safety Code.
extended inpatient services under Section 574.035 of the Texas Health and Safety Code.
6. I have diagnosed the Patient with the following condition(s): _____
1 Approved by the Texas Judicial Commission on Mental Health on April 6, 2023.

- 7. I have determined that the administration of the psychoactive medication(s) listed in Exhibit A is the proper course of treatment for and in the best interest of the Patient.
- 8. I propose administering the psychoactive medication(s) by the method(s) specified in Exhibit A. If a proposed method for administering a medication is not customary, I have explained my reasons for the departure from custom in Exhibit A.
- 9. The Patient, verbally or by other indication, refuses to take voluntarily the psychoactive medication(s) listed in Exhibit A.
- 10. I believe the Patient lacks the capacity to make a decision regarding the administration of psychoactive medication for the following reasons:

- 11. I believe that, if the Patient is treated with the psychoactive medication(s) listed in Exhibit A, the Patient's prognosis is:

12. I have considered the following alternatives to the psychoactive medication(s) listed in Exhibit A for treatment of the Patient:

13. I have determined that the alternatives listed in paragraph 12 will not be as effective as the administration of the psychoactive medication(s) listed in Exhibit A for the following reasons:

14. I believe that, if the Patient is not administered the psychoactive medication(s) listed in Exhibit A, the consequences will be:

15. I believe that the benefits of the Patient taking the psychoactive medication(s) listed in Exhibit A outweigh the risks of such medication in relation to present medical treatment.

16. I believe the following entity is responsible for costs and expenses:

- Hospital: _____ (List name of hospital.)
- Healthcare district
- County where the proceedings are pending
- Other County: _____
(List the name of the other county.)

(List the person you spoke with from that county.)

(List that person's phone number.)

(List the date you contact that person.)

(Attach paperwork from the other county to this Application.)

17. In addition to the requests in paragraphs 3 and 4, I also ask the Court to:

- a. appoint a lawyer to represent the Patient;
- b. set a hearing on this Application to be held not later than 30 days after the date this Application is filed;
- c. direct the Clerk of the Court to issue a notice of hearing with a copy of this Application to be served upon the Patient immediately after the time of the hearing is set; and
- d. direct the Clerk of the Court to issue a notice of hearing to me immediately after the time of hearing is set.

18. I swear to the truth of everything in this Application, and I know that I can be prosecuted for the crime of lying.

Date

Applicant (List your contact information here.)

Applicant (Sign your name here.)